



PTO/SB/17 (11-00)

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

RECEIVED

Application Number	09/913,163
Filing Date	December 7, 2001
First Named Inventor	Ulrich KLAR et al.
Examiner Name	Binta M. Robinson
Group / Art Unit	1625
Attorney Docket No.	SCH-1814

MAR 24 2003

TECH CENTER 1600/2900

TOTAL AMOUNT OF PAYMENT (\$) 930

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	13-3402	Large Entity Fee (\$)	Small Entity Fee (\$)
Deposit Account Name	Millen, White, Zelano & Branigan, P.C.	1051 130	2051 65
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		1052 50	2052 25
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		1053 130	1053 130
2. <input checked="" type="checkbox"/> Payment Enclosed:		1812 2,520	1812 2,520
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1804 920*	1804 920*
FEE CALCULATION		1805 1,840*	1805 1,840*
1. BASIC FILING FEE		1251 110	2251 55
Large Entity Fee (\$)	Small Entity Fee (\$)	1252 410	2252 205
1001 750	2001 375	1253 930	2253 465
1002 330	2002 165	1254 1,450	2254 725
1003 520	2003 260	1255 1,970	2255 985
1004 750	2004 375	1401 320	2401 160
1005 160	2005 80	1402 320	2402 160
SUBTOTAL (1) (\$) 0		1403 280	2403 140
2. EXTRA CLAIM FEES		1451 1,510	1451 1,510
Total Claims	-20** = 0	1452 110	2452 55
Independent Claims	-3** = 0	1453 1,300	2453 650
Multiple Dependent	X = 0	142 1,300	242 650
Large Entity Fee (\$)	Small Entity Fee (\$)	1502 470	2502 235
1202 18	2202 9	1503 630	2503 315
1201 84	2201 42	1460 130	1460 130
1203 280	2203 140	1807 130	1807 130
1204 84	2204 42	1806 180	1806 180
1205 18	2205 9	8021 40	8021 40
SUBTOTAL (2) (\$) 0		1809 750	2809 375
**or number previously paid, if greater; For Reissues, see above		1810 750	2810 375
		1801 750	2801 375
		1802 900	1802 900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 930	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	John A. Sopp	Registration No. Attorney/Agent)	33,103	Telephone	703-243-6333
Signature				Date	March 10, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Services as First Class Mail in an envelope addressed To: Assistant Commissioner of Patents, Washington, D.C. 20231 On: March 10, 2003
Name: John A. Sopp
Signature: [Signature]
Date: March 10, 2003